

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/581,604

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		21				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
11		10				
12		10				
13		10				
14	1					
15		1				
16		12				
17		21				
18		10				
19		10				
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	24	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						